

FORM UT Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #:
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3.	Group Name	Group NAIC #		
4.	Company Name(s)	Domicile	NAIC #	FEIN #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: _____ Renewal: _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="118 394 248 459"> <p>Check #:</p> <p>Amount:</p> </div> <div data-bbox="90 716 1500 751"> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #			
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)			
<div style="display: flex; justify-content: space-around; font-weight: bold;"> D Rate Increase D Rate Decrease D Rate Neutral (0%) </div>				
3.	Overall percentage rate impact for this filing			
4.	Effect of Rate Filing – Written premium change for this program			
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)			
7.	Rate Change by Company			
	Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
8.	Overall percentage of last rate revision			
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

16. Form Filing Attachment	
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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		Company Name	Company NAIC Number	
3.	A.		B.	

		Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.		B.	

5.							
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
TOTAL OVERALL EFFECT							

6.		5 Year History		Rate Change History			
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. _____ Apply Lost Cost Factors to Future filings? (Y or N)
9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—*OTHER THAN WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** _____ () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: _____

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

- () Without Modification (factor = 1.000)
() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)		%
E.	Other (explain)		%
F.	Total		%

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F = A$		%
	B.	ELR in Decimal Form =		
6.		Company Formula Loss Cost Multiplier (3B/5B)		
7.		Company Selected Loss Cost Multiplier =		
		(Attach explanation for any differences between 6 and 7)		
8.		Rate Level Change for the coverage(s) to which this page applies		

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—**FOR WORKERS' COMPENSATION**

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** _____ () **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____ If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

() Without Modification (factor = 1.000)

() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	%
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	
	B.	ELR in Decimal Form =	

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.		Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

Yes No

10. Are you amending your minimum premium formula? If yes, attach documentation,

including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

() ()

11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.

() ()

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name _____
NAIC # (including group #) _____

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?

Yes ☐ No

If yes, list the areas: _____

2. Do you furnish a market for young drivers? ☐ Yes ☐ No

3. Do require collateral business to support a youthful driver? ☐ Yes ☐ No

4. Do you insure drivers with an international or foreign driver's license? ☐ Yes ☐ No

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver over 55 %
b. Good Student Discount %
c. Multi-car Discount %
d. Accident Free Discount* %

Please Specify Qualification for Discount:

- _____ %
e. Anti-Theft Discount %
f. Other (specify) %
_____ %
_____ %
_____ %

6. Do you have an installment payment plan for automobile insurance? ☐ Yes ☐ No
If so, what is the fee for installment payments?

7. Does your company utilize a tiered rating plan? ☐ Yes ☐ No

If so, list the programs and percentage difference and current volume for each plan:

Program

Percentage Difference

Volume

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Printed Name

Title

Telephone Number

Email address

FORM H-1 HOMEOWNERS ABSTRACT

Company Name _____
NAIC # (including group #) _____

- Form

Premium Volume

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? ☐ Yes ☐ No

9. Is there a surcharge on risks with wood heat? _____
If yes, state the surcharge _____
Does the surcharge apply to conventional fire places? _____
If yes, state the surcharge _____

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Printed Name

Title

Telephone Number

Email address

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Private Passenger Auto)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is __%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Homeowners)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is __%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Professional Liability)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is __%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Professional Liability)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is __%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-280

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: _____
 Company Name: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____
 Effective Date: _____

DISCOUNTS OFFERED:
 PASSIVE RESTRAINT/AIRBAG _____ %
 AUTO/HOMEOWNERS _____ %
 GOOD STUDENT _____ %
 ANTI-THEFT DEVICE _____ %
 Over 55 Defensive Driver Discount _____ %
 \$250/\$500 Deductible Comp./Coll. _____ %

Assumptions to Use:

- 1 Liability - Minimum \$25,000 per person
- 2 Bodily Injury \$50,000 per accident
\$25,000 per accident
- 3 Property Damage \$100 deductible per accident
- 4 Comprehensive & Collision \$250 deductible per accident
- 5 The insured has elected to accept:
 Uninsured motorist property and bodily injury equal to liability coverage
 Underinsured bodily injury equal to liability coverage
- 6 Personal Injury Protection of \$5,000 for medical,
 loss wages according to statute and \$5,000
 accidental

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit
 on a compact disk

Vehicle	Coverages	Gender	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
			Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
		Age	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					
2003 Honda Odyssey "EX"	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability																					
	Minimum Liability with Comprehensive and Collision																					
	100/300/50 Liability with Comprehensive and Collision																					

NAIC Number:		Homeowners Premium Comparison Survey Form										Submit to: Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201-1904							
Company Name:		FORM HPCS - last modified August, 2005																	
Contact Person:		USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK										Telephone: 501-371-2800							
Telephone No.:												Email as an attachment to insurance.pnc@arkansas.gov							
Email Address:												You may also attach to a SERFF filing or submit on a cdr disk							
Effective Date:																			

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)																			
Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)																			
Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)																			
Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:										EARTHQUAKE INSURANCE									
HO3 and HO4 only										IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co									
Fire Extinguisher		%	Deadbolt Lock		%	ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?								(yes or no)					
Burglar Alarm		%	Window Locks		%	WHAT IS YOUR PERCENTAGE DEDUCTIBLE?								%					
Smoke Alarm		%	\$1,000 Deductible		%														
			Other (specify)		%														
					%	WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?				Zone		Brick		Frame					
			Maximum Credit Allowed		%			Highest Risk	\$		\$								
					%			Lowest Risk	\$		\$								

Malpractice Premium Comparision Survey Form
FORM MMPCS - last modified April, 2006

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

NAIC Number:	
Company Name:	
Contact Person:	
Telephone No.:	
Email Address:	
Effective Date:	

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904

Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

Physicians

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$	\$	\$
Discounts and Surcharges			
Emergency Room			
Surgery			
Delivery			
Claims Free			
Over 5 years Experience			
Other:			

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$	\$	\$
Discounts and Surcharges			
Claims Free			
5 years Experience			
Surgery			
Other:			

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, _____, _____ of
(Name) (Title of Authorized Officer)

(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ►

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number

Signature of Authorized Officer ►	
Name of Authorized Officer ►	
Title of Authorized Officer ►	
Email address of Authorized Officer ►	
Telephone # of Authorized Officer ►	Date ►

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St.,

Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov

AID PC SelfCert (4/30/03)